

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED <u>Ghenet Maru Mesfun</u>		VOUCHER NUMBER	
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT/DEF. NUMBER <u>2:05-858CR</u>		5. APPEALS DKT/DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) <u>U.S. v. Ghenet Mesfun</u>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. <u>consp. to defraud U.S. 18:371; bring harbor aliens 8:1324; sale into involun- tary servitude. 18:1584</u>		10. REPRESENTATION TYPE (See Instructions) <u>CC</u>			
12. ATTORNEY'S NAME (First Name, M.I.; Last Name, including any suffix), AND MAILING ADDRESS <u>Stephen Lunano</u> <u>50 Park Place, Suite 1400</u> <u>Newark, NJ 07102</u> Telephone Number: <u>(973) 236-0119</u>				13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Atty. <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: <u>Chester Kellen</u> Appointment Date: <u>12/8/2005</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, case, OR <input type="checkbox"/> Other (See Instructions) <u>[Signature]</u> Signature of Presiding Judicial Officer or By Order of the Court Date of Order: <u>6/3/08</u> Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						

## 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

## 21. CASE DISPOSITION

## 22. CLAIM STATUS

☐ Final Payment☐ Interim Payment Number \_\_\_\_\_☐ Supplemental PaymentHave you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_

Date \_\_\_\_\_

## 23. IN COURT COMP.

## 24. OUT OF COURT COMP.

## 25. TRAVEL EXPENSES

## 26. OTHER EXPENSES

## 27. TOT. AMT. APPR./CERT.

## 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER

DATE

## 28a. JUDGE/MAG. JUDGE CODE

## 29. IN COURT COMP.

## 30. OUT OF COURT COMP.

## 31. TRAVEL EXPENSES

## 32. OTHER EXPENSES

## 33. TOTAL AMT. APPROVED

## 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.

DATE

## 34a. JUDGE CODE